

MEDICAL RECORDS AFFIDAVIT

STATE OF MISSISSIPPI

COUNTY OF Harrison

Personally appeared before me, the undersigned authority in and for the aforesaid jurisdiction, **COASTAL FAMILY HEALTH CENTER**, (or alternatively, Linda Savage records custodian), who, upon his/her oath, stated that (1) he/she has first hand knowledge of the maintenance and/or storage of the attached records; (2) the attached records are a true and correct copy of the medical records that were kept in the regular course of the examination, evaluation, and/or treatment of **Kasey D. Alves; Date of Birth: 3/21/73; Social Security No.: 270-68-6082**; and (3) the records were generated in the regular course and activities of **COASTAL FAMILY HEALTH CENTER**, and made at or near the time of the matters set forth by, or from information transmitted by, a person with knowledge of those matters.

I certify the above declaration is true and correct under penalty of perjury.

Linda Savage
AFFIANT

Sworn to and subscribed before me, this 12th day of February, 2008

Christine Ann Yancey
Notary Public

My Commission Expires:

09/16/2009

NOTARY PUBLIC STATE OF MISSISSIPPI AT LARGE
MY COMMISSION EXPIRES: Sept 16, 2009
BONDED BY NOTARY PUBLIC UNDERWRITERS



LAW OFFICES OF

DUKES, DUKES, KEATING & FANCA, P.A.

2909 13TH STREET, SIXTH FLOOR
GULFPORT, MISSISSIPPI 39501

WALTER W. DUKES
HUGH D. KEATING
CY FANCA
PHILLIP W. JARRELL
W. EDWARD HATTEN
TRACE D. MCRANEY
SUL OZERDEN*
WILLIAM SYMMES
BOBBY R. LONG

JE'NELL B. GUSTAFSON**
JASON B. PURVIS
DAVID N. DUHE'
HALEY N. BROOM
AMANDA MURRAY***

*also licensed in AL, FL, LA
**also licensed in CA
***also licensed in NC

Reynoir
Biloxi

WILLIAM F. DUKES,
(1927 - 2003)

P. O. DRAWER W
GULFPORT, MS 39502

TELEPHONE
228-868-1111

FAX
228-863-2886

January 21, 2008

Certified

Coastal Family Health Center
ATTN: Dr. Mbonu
683 Division Street
Biloxi, MS 3930

Re: Kasey D. Alves v. Harrison County, Mississippi, by and through the Board of Supervisors; Harrison County Sheriff's Department; Sheriff George Payne, Jr.; David Decelle; Health Assurance, LLC; Regina Rhodes, Officially and in Her Individual Capacity; Ryan Teel, in His Official and Individual Capacity; Dianne Gatson-Riley, Officially and in Her Individual Capacity; and Unknown John and Jane Does A-Z, in Their Official And Individual Capacities
Civil Action No. 1:06cv912LGJMR
Our File No. 1811.098

To Whom It May Concern:

Our firm represents a defendant in a civil rights lawsuit which has been filed by Kasey D. Alves.

Please forward to us all records you have reflecting Kasey Alves' treatment by you including, but not limited to, the following:

- | | |
|---|--|
| 1. Questionnaires | 5. Surgical/Pathology Reports |
| 2. Histories | 6. All Hospital Records |
| 3. X-ray Reports | 7. Medical Reports and Summaries |
| 4. Office notes (handwritten and transcribed) | 8. Consultations |
| | 9. Any and all bills incurred for his/her care and treatment at your facility. |

Enclosed is a medical authorization form which complies with HIPAA.

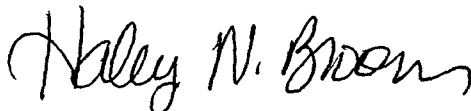
Also enclosed is a Records Affidavit for your convenience in certification of these records. The Affidavit will need to be signed in front of a notary public for proper certification. Once the records have been obtained and the Affidavit has been executed, please forward same to me at the above listed address.

If there is a charge for this service, please forward a statement with the records; however, if the charge exceeds \$100, please contact me prior to processing this request.

Thank you in advance for your cooperation and attention in this matter.

Sincerely,

DUKES, DUKES, KEATING & FANCA, P.A.

A handwritten signature in black ink, appearing to read "Haley N. Broom". The signature is fluid and cursive, with a long horizontal flourish at the end.

Haley N. Broom

HNB:lh

Enclosures

cc: Woodrow Pringle, Esq.

AUTHORIZATION FOR RELEASE OF ALL RECORDS
EXCEPT PSYCHOTHERAPY NOTES

Name: Kasey D. AlvesDate of birth: 3-21-73Social Security Number: 270-68-6082

I hereby authorize all health care providers, physicians, hospitals, clinics and institutions, medical facilities, mental health clinics, mental health hospitals, pharmacies, educational facilities, former and present employers, and Social Security Administration Disability Determination Services, The Internal Revenue Service and Department of Workers' Claims, to release all existing medical records and information regarding the above named individual's medical care, treatment, physical/mental condition, and medical expenses revealed by your observation or treatment of this individual in the past, present and future, as well as all educational and employment records, to the attention of

Trace D. McRaney, Esq.
Dukes, Dukes, Keating and Faneca, P.A.
P.O. Drawer W
Gulfport, MS 39502

I understand that this authorization includes information regarding the diagnosis and treatment of drug, alcohol, Acquired Immune Deficiency Syndrome (AIDS), and psychiatric and psychological disorders [EXCEPT Psychotherapy Notes* as defined by the Health Insurance Portability and Accountability Act 45 CFR 164.501, psychotherapy notes means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's record. Psychotherapy notes require a separate authorization.] It also includes original x-ray films and reports, laboratory reports, original CT scan films and reports, original MRI scan films and reports, EEGs, EKGs, sonograms, arteriograms, fetal monitor strips, discharge summaries, photographs, surgery consent forms, informed consent forms regarding family planning, admission and discharge records, operation records, doctor and nurses notes, prescriptions, medical bills, invoices, histories, diagnoses, psychiatric treatment and counseling records, psychological treatment and counseling records, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications, statements, eligibility material, claims or claim disputes, resolutions and payments, medical records provided as evidence of services provided, and any other document or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc). It also includes my complete employment personnel file, including attendance reports, performance reports, W-4 forms, W-2 forms, medical reports and/or any and all other records relating to my employment, past and present, and all educational records, including courses taken, degrees obtained, and attendance records. This listing is not meant to be exclusive. Ex parte communications with physicians are not permitted pursuant to this Authorization.

I, the undersigned individual am on notice that:

- Initiating this request for disclosure of protected health information, and any disclosure of the same pursuant hereto is at the request of the individual.
- Any health care provider disclosing the above requested information may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs this authorization.
- This authorization can be revoked through written notice to

_____, or to the individual above listed entities, except to the extent that action has been taken in reliance on this authorization. The undersigned is aware of the potential that protected health information disclosed pursuant to this authorization is subject to re-disclosure in a manner that will not be protected by HIPAA regulations.

A photocopy of this authorization shall be considered as effective and valid as the original, and this authorization will remain in effect until settlement or final disposition of Alves vs. Harrison Co. or five (5) years from the date of this authorization, whichever comes later.

I have carefully read and understand the above, and do herein expressly and voluntarily authorize the disclosure of the above information about, or medical records of, my condition to those persons or agencies listed above.

Date: 1-15-08

Kasey D. Alves
(Signature) Patient or Patient Representative

Printed Name of Patient's Representative

Relationship to Patient

Description of Representative's Authority to Act for the Patient

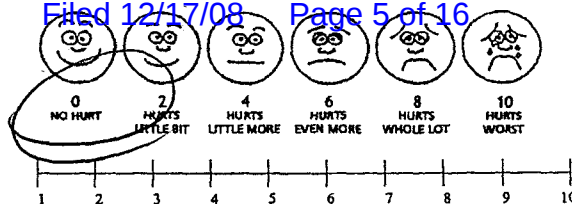
This authorization is designed to be in compliance with the Health Insurance Portability and Accountability Act ("HIPAA") 45 CFR Parts 160 and 164.

*Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress date.



MEDICAL PROGRESS NOTE

NKDA



NAME: Alves, Kasey AGE: 33 MR#: _____ DATE: 1-9-07
VITAL SIGNS: HT 5'8 WT 213.0 T 98.3 P 88 R 18 BP 110/70
SUBJECTIVE: pt presents for refill on medication -
gabapentin smoker

Lyrice 75mg po q T 8 - need refill

patient without complaint
request prescription refill

OBJECTIVE:

Chemo con

CNS: sch

Abd: Right MBS ⊕

Neuro: Conscious, alert oriented

HRP ? Not done
HWE test did not go
for draw

ADP

- ① PLE Neuropathic pain
- ② Impaired glucose tolerance
- ③ History of hepatic injury (PLE)

ASSESSMENT:

✓ prescription for Lyrice

PLAN:

REVIEWED PLAN/RECOMMENDATIONS WITH PATIENT CAREGIVER: _____

PROVIDER SIGNATURE: _____

DATE: 01/09/07

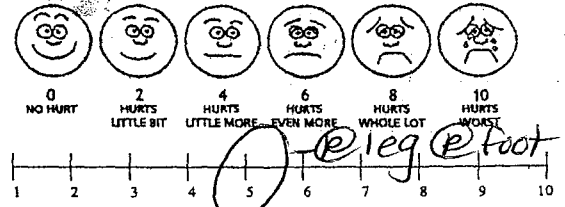
RTC: four

move out of town



MEDICAL PROGRESS NOTE

NKDA



NAME: Kasey Alves AGE: 33 MR#: DATE: 9-10-08
 VITAL SIGNS: HT 5'8 WT 203.0 T 98.5 P 80 R 188 BP 130/80
 SUBJECTIVE: pt presents for check up & request
 refills on medications

Lyrical 75 mg T po qd - need refill - smoker

Patient seen in follow up
 Request medication refills
 Met to do lab orders in June
 EXAM: Young black male, not in distress
 Not in distress, not pale anemic
 CHEST: CTA

CVS: S1S2
 ABD: Soft NT, BFT
 NEURO: Conscious, alert, oriented

ASSESSMENT: ADP problem list as before

✓ Refill Lyrical
 ✓ FBL, 2m GTT, Hep. profile

PLAN:

REVIEWED PLAN/RECOMMENDATIONS WITH PATIENT/CAREGIVER:

PROVIDER SIGNATURE:

DATE:

RTC:

09/06/06

0 NO HURT

2 HURTS LITTLE BIT

4 HURTS LITTLE MORE

6 HURTS EVEN MORE

8 HURTS WHOLE LOT

10 HURTS WORST

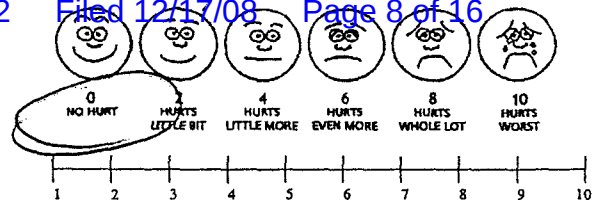
1 2 3 4 5 6 7 8 9 10

REVIEWED PLAN/RECOMMENDATIONS WITH PATIENT/CAREGIVER: _____
 PROVIDER SIGNATURE: _____ DATE: 06/06/06



MEDICAL PROGRESS NOTE

NKDA



NAME: Akes, Kasey AGE: 33 MB#: DATE: 12-8-08
VITAL SIGNS: HT 5'8 WT 212.0 T 98.3 P 84 R 18 BP 120/78
SUBJECTIVE: pt presents for follow up & refills on
meds & lab results - L. Chupin on
Lyrice 75mg + po q8 - need refill Smoker

Patient seen in follow up
requests medication refills
lab review

OBJECTIVE: Exam: Young black male
not in distress, not pale,
anxious

Chest: Cx

CV: S4

Abd: Soft NTBS (+)

Neuro: Conscious, alert, oriented

ASSESSMENT:

ATD

① Lipidemia w/ing ② LE

③ ④ LE Neuropathic pain

⑤ Impaired glucose tolerance

✓ HIV test, FUD

✓ Refill meds

✓ Counselled on diet/exercise

PLAN:

REVIEWED PLAN/RECOMMENDATIONS WITH PATIENT/CAREGIVER:

PROVIDER SIGNATURE:

DATE:

12/08/08

RTC:

Yes



LabCorp Birmingham
1801 First Avenue South, Birmingham, AL 35233-0000

Phone: 205-581-3500

| | | | | | |
|---|----------------------------|----------------------------|---------------------------|-----------|--|
| SPECIMEN 268-007-0311-0 | TYPE S | PRIMARY LAB MB | REPORT STATUS COMPLETE | Page #: 1 | |
| ADDITIONAL INFORMATION SS#: ***-**-6082 PHONE: 228-354-8822 DOB: 3/21/1973 | | | | | |
| PATIENT NAME ALVES, KASEY | | SEX M | AGE(YR./MOS.) 33 / 6 | | |
| PT. ADD.: | | | | | |
| DATE OF COLLECTION TIME 9/25/2006 11:03 | DATE RECEIVED 9/25/2006 | DATE REPORTED 9/26/2006 | TIME 15:05 | 2445 | |

| | |
|---|----------------------|
| CLINICAL INFORMATION CD- 41120117176 | |
| PHYSICIAN ID. MBONU, C | PATIENT ID. ALVES |
| ACCOUNT: CFH Biloxi (Client) | |
| 683 Division Street Biloxi MS 39530-0000 | |
| ACCOUNT NUMBER: 23404919 | |

| TEST | RESULT | LIMITS | LAB |
|---|----------------|-----------|-----|
| Hepatitis Panel (4) | | | |
| Hep A Ab, IgM | Negative | Negative | MB |
| HBsAg Screen | Negative | Negative | MB |
| Hep B Core Ab, IgM | Negative | Negative | MB |
| HCV Ab | 0.2 s/co ratio | 0.0 - 0.9 | MB |
| Negative | | | |
| Not infected with HCV, unless recent infection is suspected or other evidence exists to indicate HCV infection. | | | |

LAB: MB LabCorp Birmingham
1801 First Avenue South, Birmingham, AL 35233-0000

DIRECTOR: John Elgin N MD

PROVIDER COPY

| | | | |
|------------------------|---------------|------------------------|-------------|
| Pat Name: ALVES, KASEY | Pat ID: ALVES | Spec #: 268-007-0311-0 | Seq #: 2445 |
|------------------------|---------------|------------------------|-------------|

Results are Flagged in Accordance with Age Dependent Reference Ranges
Last Page of Report

COASTAL FAMILY HEALTH CE ER
GULFPORT MS

NAME.....DOB

ID: 0
CVWB

05-16-06

15:53

Patient
Limits 2

| | | | | |
|------|------|----------------------|------|-------|
| WBC | 5.9 | x10 ³ /uL | 4.5 | 11.0 |
| LY | 54.0 | H % | 20.5 | 51.1 |
| MO | 13.0 | H % | 1.7 | 12.0 |
| GR | 33.0 | L % | 42.2 | 75.2 |
| LY# | 3.2 | x10 ³ /uL | 1.0 | 4.4 |
| MO# | 0.8 | x10 ³ /uL | 0.1 | 1.2 |
| GR# | 1.9 | x10 ³ /uL | 1.4 | 8.5 |
| RBC | 5.31 | x10 ⁶ /uL | 4.20 | 6.10 |
| Hgb | 14.6 | g/dL | 12.0 | 16.0 |
| Hct | 43.9 | % | 37.0 | 47.0 |
| MCV | 82.7 | fL | 81.0 | 100.0 |
| MCH | 27.4 | pg | 27.0 | 33.5 |
| MCHC | 33.2 | g/dL | 31.0 | 37.0 |
| RDW | 14.0 | % | 11.5 | 15.5 |
| Plt | 265. | x10 ³ /uL | 130. | 400. |
| MPV | 10.5 | fL | 7.0 | 11.0 |

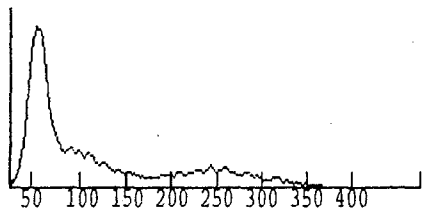
ALVES, KASEY

CHART # NONE

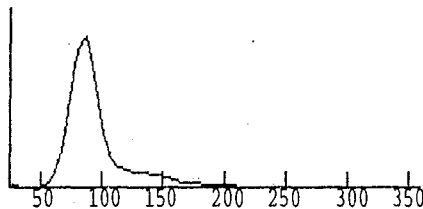
DOB: 3-29-1973

PR: DR. MBONU

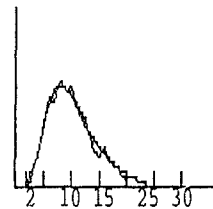
TECH: TRI



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

fm

ABNORMAL RESULT

Provider Copy

COASTAL FAMILY HEALTH CP ER
GULFPORT MS

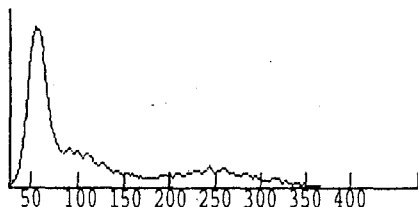
NAME.....DOB

ALVES, KASEY
CHART # NONE
DOB: 3-29-1973
PR: DR. MBONU
TECH: TRI

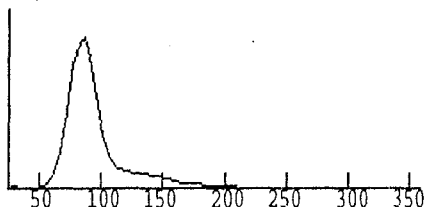
ID: 0 05-16-06
CVWB 15:53

Patient
Limits 2

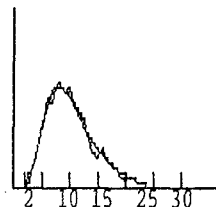
| | | | | |
|------|------|----------------------|------|-------|
| WBC | 5.9 | x10 ³ /uL | 4.5 | 11.0 |
| LY | 54.0 | H % | 20.5 | 51.1 |
| MO | 13.0 | H % | 1.7 | 12.0 |
| GR | 33.0 | L % | 42.2 | 75.2 |
| LY# | 3.2 | x10 ³ /uL | 1.0 | 4.4 |
| MO# | 0.8 | x10 ³ /uL | 0.1 | 1.2 |
| GR# | 1.9 | x10 ³ /uL | 1.4 | 8.5 |
| RBC | 5.31 | x10 ⁶ /uL | 4.20 | 6.10 |
| Hgb | 14.6 | g/dL | 12.0 | 16.0 |
| Hct | 43.9 | % | 37.0 | 47.0 |
| MCV | 82.7 | fL | 81.0 | 100.0 |
| MCH | 27.4 | pg | 27.0 | 33.5 |
| MCHC | 33.2 | g/dL | 31.0 | 37.0 |
| RDW | 14.0 | % | 11.5 | 15.5 |
| Plt | 265. | x10 ³ /uL | 130. | 400. |
| MPV | 10.5 | fL | 7.0 | 11.0 |



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

ABNORMAL RESULTS

[Handwritten signature]

LAB COPY

COASTAL FAMILY HEALTH CENTER
15024 Martin Luther King, Jr. Blvd
Gulfport, Ms. 39501-8306

Phone: (228) 864-0003

FAX: (228) 863-7917

FINAL SAMPLE REPORT

Page: 1

Patient ID: ALV
Patient Name: ALVES, KASEY
DOB: 03/29/1973 Sex: F
Comments:

Reported: 05/16/06 19:35
Doctor: CHARLES MBONU MD
Location:

Lab No: 06136057 Drawn: 05/15/06 08:00 Tech: TECH Rec'd: 05/16/06 19:19 Tech: VDD
Comments:

| PROCEDURE | NORMAL | ABNORMAL | UNITS | REFERENCE RANGE |
|---|--------|----------|-------|-----------------|
| *** COMPREHENSIVE METABOLIC PROFILE *** | | | | |
| GLUCOSE | | 109 H | mg/dL | 65 - 99 |
| BUN | 14 | | mg/dL | 5 - 26 |
| CREATININE | 1.1 | | mg/dL | 0.5 - 1.5 |
| BUN/CREAT RATIO | 12.9 | | CALC | 8.0 - 36.0 |
| SODIUM | 136 | | mEq/L | 134 - 149 |
| POTASSIUM | 4.4 | | mEq/L | 3.5 - 5.5 |
| CHLORIDE | 96 | | mEq/L | 94 - 112 |
| CARBON DIOXIDE | 28.3 | | mEq/L | 20.0 - 32.0 |
| CALCIUM | 9.5 | | mg/dL | 8.2 - 10.6 |
| TOTAL PROTEIN | 7.5 | | g/dL | 6.0 - 8.5 |
| ALBUMIN | 4.4 | | g/dL | 3.2 - 5.3 |
| GLOBULIN | 3.2 | | g/dL | 2.0 - 4.8 |
| A/G RATIO | 1.4 | | CALC | 0.6 - 2.2 |
| ALK. PHOS. | 51 | 59 H | U/L | 39 - 130 |
| ALT (SGPT) | | | U/L | 0 - 55 |
| AST (SGOT) | 35 | | U/L | 0 - 40 |
| TOTAL BILIRUBIN | 0.8 | | mg/dL | 0.1 - 1.3 |

Elm

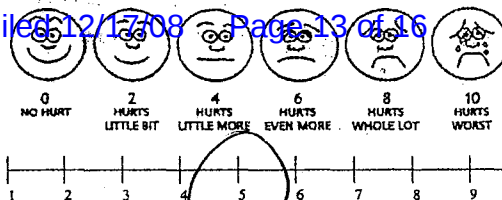
ABNORMAL RESULT

PROVIDER COPY



MEDICAL PROGRESS NOTE

NKDA



NAME: Alves, Kasey AGE: 33 MR#: DATE: 5-10-00
VITAL SIGNS: HT 5'8 WT 187.0 T 98 P 98 R 18 BP 130/90
SUBJECTIVE: pt presents for medication refill & release
for work - J. Thompson RN

*Lyrica 15 mg 1 po TID (needs refill) ⊖ smoker

33 year old man with history of ligature injury to (R) lower extremity below or at the knee in January this year. Patient was seen by Dr. Joe Jackson and referred to Dr. Bear Bower. He is yet to see Dr. Bower but intends to see him. Per records, patient had rhabdomyolysis and renal failure requiring hemodialysis at the time of the injury. He basically asks some questions about his (R) lower extremity and his questions are answered. He has already obtained Lyrica from another clinic.

ASSESSMENT:

Chest: cmCMP: StableAbd: Soft NT, BI ⊕Neuro: Conscious, alert, oriented

(MIA)

① History of ligature injury (R) LE

② Foot drop (R) LE

③ (R) LE Neuropathic pain on Lyrica

PLAN:

✓ UCL, CMP

Follow w/ Dr. Bower

REVIEWED PLAN/RECOMMENDATIONS WITH PATIENT/CAREGIVER:

RTC: None

PROVIDER SIGNATURE:

DATE: 11/10/06

NAME: Kasey D. Alves DOB: 3-21-73 MR#: _____ DATE: 2 May 06ALLERGIES: N/A MEDICATIONS: Lyrica

Please check (✓) below any symptoms that the patient or patient's family members have or have had in the past: CODE: M(Mother) F(Father) MGM(Maternal Grandmother) MGF(Maternal Grandfather) PGM(Paternal Grandmother) PGF(Paternal Grandfather)

| SELF | FAMILY | PAST MEDICAL HISTORY | SELF | FAMILY | PAST MEDICAL HISTORY |
|------|--------|---------------------------|-----------|----------|-----------------------|
| | | Cancer | | | Heart Murmur |
| | | Sugar Diabetes | | | Heart Attack |
| | | Anemia/Low Blood | | <u>M</u> | High Blood Pressure |
| | | Phlebitis/Blood Clots | | | Rheumatic Fever |
| | | Blood Transfusion | | | Heart Disease |
| | | Leukemia | | | Stroke |
| | | Hepatitis/Yellow Jaundice | | | Epilepsy, Seizures |
| | | Bleeding Disorder | | | Nervous Problems |
| | | Kidney Disorder | | | Thyroid Problems |
| | | Bladder Infections | | | Asthma, Hay Fever |
| | | Stomach Problems/Ulcers | | | Emphysema |
| | | Gall Bladder Problems | | | Tuberculosis |
| | | Liver Disease | <u>NO</u> | | Shortness of Breath |
| | | Arthritis | <u>NO</u> | | STD/Female Infections |
| | | Bone Disease | <u>NO</u> | | Smoke Cigarettes |
| | | Muscle Disorder | <u>NO</u> | | Drink Alcohol |
| | | Swelling | <u>NO</u> | | Use other drugs |

Other Serious Illness or Injury? rhabdomyolysis ischemic injury to muscles and nerves

Previous Surgery (Circle) Tonsils, Appendix, Gallbladder, Hernia, Breast, Tubal Ligation, Hysterectomy, C-Section, D&C, Other

N/AMarital Status: Single Living Arrangements: with AuntSexually Active? yes Practice Safe Sex? yes Contraceptive Method? CondomFemales Only: Last Delivery / G. / P. / A. / L. / LMP /Last Menses: Normal / Abnormal / Length of Cycle /

COMMENTS: _____

AUTHORIZATION FOR MEDICAL/DENTAL/OPTOMETRIC CARE:

Permission is hereby granted for any health care as may be deemed advisable by the providers of the COASTAL FAMILY HEALTH CENTER or by their consultants.

I agree that I have read and understand the above consent and will accept its terms.

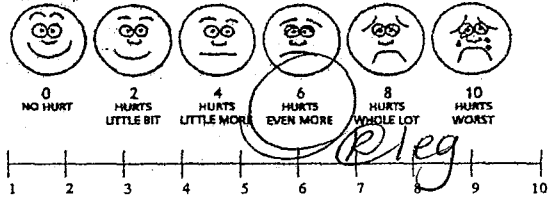
Signature of Patient/Parent/Guardian Kasey D. AlvesSignature of Staff Witness [Signature] IPNDate 2 May 06Date 5-2-06

Date _____



MEDICAL PROGRESS NOTE

NKDA



NAME: Alves, Kasey AGE: 33 MR#: 984 DATE: 5-2-06
 VITAL SIGNS: HT 5'8" WT 190 T 98.4 P 96 R 18 BP 136/70
 SUBJECTIVE: pt presents for request written Rx for
Lyrica 150 mg request a work release for Vocational
Rehab Dr. Shupine LPN
Lyrica 150 mg T po TID * request refill Stroker

OBJECTIVE: Ø P.E. see letter from Wellness Restoration
Clinic from Dr. Jackson, Neurologist

ASSESSMENT: hx ischemic injuries (R) leg.

PLAN: Refer to Dr. mBono to prescribe Lyrica (available
on shore the case) and for clearance for work release:
pt aware he may need to see a neurologist for
clearance.

REVIEWED PLAN/RECOMMENDATIONS WITH PATIENT CAREGIVER: _____ RTC: 5-8-06

PROVIDER SIGNATURE: Deborah K DAT 5-2-06

KLOFFMAN



LABORATORY REPORTS

☐ ROUTINE ANALYSIS☐ WET PREP

COLOR _____

WBC _____

APPEARANCE _____

TRICH _____

SP. GRAV.: I.O. _____

YEAST _____

NITRITE _____

CLUE CELL _____

PH _____

SQUAMOUS _____

PROTEIN _____

BACTERIA _____

GLUCOSE _____

RBC _____

KETONES _____

☐ FBS _____

UROBILINOGEN (NORMAL 0.110EU.) _____

☐ RBS _____

BILIRUBIN _____

☐ STREP A _____

BLOOD _____

LEU _____

☐ H - PYLORI _____

EPITHELIAL _____

MUCUS _____

WBC _____

☐ HGB _____

RBC _____

CASTS _____

BACTERIA _____

CRYSTALS _____

YEAST _____

TRICHIMONAS _____

OTHER _____

Patient's Name Almos, Kasey

MR Chart #: _____

Test Requested By: M. Bonny☐ Pregnancy Test _____☐ SED RATE _____☐ HEMOCULT _____☐ OTHER 2° Glucose

| | | | | |
|-------------------|------------|------------|----------|---------------|
| <u>Fasting</u> | | <u>920</u> | <u>1</u> | <u>1080</u> |
| <u>820</u> | | | | |
| <u>Finger 109</u> | <u>204</u> | | | <u>134</u> |
| <u>UT Neg</u> | <u>14</u> | | | <u>Normal</u> |

Date 7/25/08 Tech. AS

CFHC #

NAME Almos, Kasey

MR# _____